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## Original Communications.

### CASE OF LOCOMOTOR ATAXY.

By FREDERIC WINSOR, M.D., Winchester.

P. A., 38 years old, merchant. January 17th, 1870, I was asked to take charge of him. He was in bed (where he had been since December 31st), lying easily on back, skin anaemic, and at same time having a slightly livid and ghastly look; considerably emaciated. Pulse 116; resp. 28. Pupils and tongue act normally; the latter is slightly coated. Is very deaf, so that he watches closely the mouth of the person talking to him, even when the voice is much raised. Sensibility and temperature of legs below knee somewhat diminished, and motor power still more diminished, so that he cannot get his legs out of bed without help. Bladder is only emptied by catheter, though some urine usually passes when he has a stool. Voice markedly strong; words well enunciated. Eyesight perfect; lies in a strong light without annoyance. Motion and sensibility perfect in arms and trunk. When asked to sit up, he begins the action quite strongly with the muscles of the trunk, and then assists and completes it by placing the hands on the bed behind.

*Thorax.*—Sounds of heart are normal. Percussion over left lung gives nothing abnormal before or behind; over right lung it gives marked flatness from apex to third rib; below that line there is resonance slightly more than normal. The entire right back is dull. Auscultation on left front shows that air passes freely to all parts, and with no obstructive sounds; expiration slightly increased in length, and, together with inspiration, somewhat exaggerated—perhaps no more than amounts to supplementary respiration. At the left back the sounds are not quite so distinct as they should be in one so thin, and there are a few loose râles. On the right front, over the upper lobe, there is crackling and blowing; below the third rib coarse râles in every direction. On the right back,

sounds are less distinct and more bronchial than in front, but air apparently reaches the very base, though with bad râles. Voice not changed on left, and less changed on right than would be expected. Sputa very scanty—a greenish nucleus which sinks and a frothy surrounding which floats in water. His cough is not very frequent or urgent, and he has no uncomfortable feelings in chest or embarrassment in breathing, and cannot conceive that his lungs are not sound. He has no pain anywhere, and complains only of confused noises in his head; says if he could be rid of these he should gain at once.

When catheter is passed he does not wince in the least, although there is some difficulty in entering the instrument at the meatus; and subsequently he repeatedly lies during catheterization with his eyes closed and in a placid doze, always rousing when it is over and asking to see "how much." The urine is clear, even to the last drop drawn, and when subsequently tested it is acid, without trace of albumen. Urates and chlorides in excess. In the heavy precipitate, which fell as it cooled, the microscope showed abundant urates and some oxalates.

Now and then, while talking, he shapes his mouth to the word and delays uttering it for a moment in a curious way. Appetite is small, but he takes a very fair amount of nourishing food and of stimulants, which are perfectly well borne, and the faeces have a healthy appearance. So far as I can learn, he has been in very much the same condition since January 4th.

About December 7th (1869), he was noticed to have a very hard, dry cough, which continued for three weeks; his voice became noticeably hollow, and he was observed to shape his mouth to his words occasionally before uttering them. During this time he would sit silent through the whole evening, his head leaning on his hand, which also shaded his eyes, seemingly asleep, and taking no part in the conversation unless addressed, when he roused himself to show interest in what was going on. But talking provoked cough, and he

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soon relapsed into the seeming sleep. He lost appetite and strength, and about Dec. 21st he began to have night sweats, which continued about a fortnight and then ceased. Cough was worse at night. Up to Dec. 29th he attended regularly to his customary heavy and responsible business, and was only driven to consult a physician by the assurance that if he did not, one should be brought to him. When he went to the office of his physician (homoeopathic), his pulse was found to be 110 and scarcely perceptible, and his whole condition was such as to startle the physician, who ordered him to take a carriage, drive to where he could get food and wine, and then take the train for home. After Dec. 30th he never passed the door of his chamber.

On the 31st of December, he was seen by Dr. F. Minot, who carefully examined his lungs, and arrived at essentially the same result with myself.

The prognosis was very unfavorable. January 1st, 2d, 3d, he was extremely weak and depressed, and a fatal and speedy termination was expected. Jan. 4th he began to improve, and was soon able to sit up more than an hour at a time.

It will be observed that the case, as thus far reported, shows two distinct sets of symptoms—one referable to the lungs, the other to the nervous centres; and when the previous history of the patient was investigated each set grew more interesting and peculiar. I will first report the pulmonary group. And to begin with, the patient declared all through his sickness that neither then nor during his previous life had he known an *uncomfortable sensation* in his chest, and for several weeks he could not believe that his medical advisers were not quite in error as to the condition of his lungs.

In April of 1868 he was one day seized with a violent paroxysm of coughing, which lasted five minutes or more, and ended with his spitting out several mouthfuls of bright blood. This was repeated for four or five days twice every twenty-four hours, coming on about 10 or 11 o'clock, A.M. and P.M., during which time he lost strength, but attended to business as usual. It then ceased and has never returned.

His throat troubled him from time to time, but not seriously. About eighteen years ago he was under treatment for his throat for a number of months.

In October, 1869, he was examined by Dr. Calvin Ellis, and his lungs gave *no indication of any disease*. Pulse too quick.

During 1869, and previous to August, he lost 30 pounds of flesh, falling from 160 to 130 pounds in weight. Declared that up to Dec. 29th he never was aware of any shortness of breath, even in going up stairs or up hill. Dr. Buckingham examined him Jan. 16th, the day before I first saw him, and on comparing notes with him a few days later it appeared that we found almost identically the same signs—of a left lung but slightly if at all diseased, of a right with grave disease above and behind.

Jan. 25th, Drs. Buckingham and Ellis saw him with me. Resp. 22; pulse 112. Limits and degree of dulness as on 17th. Auscultation showed that the right back had become quite impervious to air, and the signs of cavity in upper right lobe were decidedly more marked. On left back more râles were found and there was slight dulness. At right back vocal resonance is very marked, and the sound is both hollow and squeaking. At the left back there is also some vocal resonance, probably transmitted from right. The voice, heard in the usual way, is markedly strong and distinct. Cough slight and not pressing; expectoration scanty; sputa slightly changed, the greenish centre being less marked and the whole more viscid. Neither pain nor discomfort in chest or throat. No pain anywhere. Is taking from day to day food and stimulants to an extent which would be satisfactory in a case of convalescing typhoid. For instance, he had yesterday two thirds of a large cup of beef-tea, two eggs in cider, a goblet of milk punch, a cup of tea, cup of gruel, glass of ale; all of which is well digested. Yet he grows weaker, especially in the legs.

From this time to Feb. 15th, the day of his death, the physical signs in the left lung grew gradually worse, but never became nearly so marked as those of the right, tending to growing dulness and râles. The sputa partook more and more of the pneumo-mic character, both in color and viscosity, and were raised with increasing difficulty, occasionally slightly streaked with blood; but to the last he would use neither spit-cup nor handkerchief, but turned and used the cuspidor at the bedside. Respiration averaged from 22 to 26 per minute. There was no dyspnoea, and the movements of the larynx were not marked till the last forty-eight or seventy-two hours.

Turning now to the group of symptoms distinctly referable to the nervous centres, which it will be remembered were the paralysis of the bladder, the diminished power and sensibility and lowered temperature

of the legs—particularly of the right—partial loss of sensation in the rectum (so that he does not know whether it has been emptied till he looks into the close-stool), very marked deafness, which did not exist before he took to his bed, we will trace their history.

Both parents of the patient are living and in good health, though the father suffers much from lumbago. The son was born and grew up in Boston, attending the public schools till 16 or 17 years old, and never having to be absent a half day while in the High School. Directly upon leaving school he went into a store, and with most steady and thorough application worked his way up in mercantile life, allowing himself no holidays and devoting himself to his business. For fifteen years past he kept the books and managed the finances of a very large business, and when he fell sick no two persons could be found able to do the work which he had long carried on single-handed. His habits were temperate and very regular. He smoked, but not to excess.

In October, 1852, he was attacked by typhoid fever, from which he did not recover so as to walk in the street for five months, and during forty-two days he was either delirious or unconscious. He was also very deaf. *This was his only severe sickness.* He never had venereal disease.

In the spring of 1859 or 1860, he had external strabismus for weeks, and could only see clearly by squinting; also had *muscae volitantes*. By the following June he became so blind that he had to be led about, and it was not till the following October that he completely recovered his sight, *which was never again impaired*. He did, however, often say at night that his eyes felt tired and "numb"; "as your hand does when asleep." During this time he consulted Dr. H. W. Williams and others, and spent some months at the seaside.

It was eight or nine years ago—probably in 1861—that he began to suffer from sudden and severe pains, sometimes in the heel, sometimes in one toe, or along the edge of the foot, the right being most affected. These pains increased in severity and in range, but did not extend above the knees. He was tormented with them at intervals during the next seven years—that is, till the summer of 1868—and would sometimes suffer without intermission for three consecutive days and nights. The pain was distinctly neuralgic in character and limitation, and was sometimes accompanied by a feeling of strong contraction

in the part affected. The difficulty in urinating dates back about as far as the advent of these pains, and was always worst when they were most severe. Occasionally he had retention for forty-eight hours, but never had a catheter introduced, and, I think, never consulted a physician in regard to it. When the urine started, there was no jet; it "fell," and the last portion dribbled away. There was no incontinence.

Sometimes he had attacks of herpes, occurring in small patches on the legs, thighs or penis, preceded by burning pain for many hours, which was relieved when the vesicles rose. None of these eruptions had occurred for three or four years past.

These neuralgic pains were never relieved by anything but subcutaneous anodyne injections, but the constitutional effect of these was so marked and startling as to lead Dr. Ruppaner (who administered them several times) to refuse to repeat the operation. The patient, too, was disinclined to it. An injection of atropia was made two or three years ago with the same result of relieving pain, but caused such confusion of mind and locomotion and flushing of face, with dilated pupils, &c., I am told, as to prevent a repetition.

During the paroxysms of pain he dreaded to be touched below the knees, even by the brushing past him of a woman's dress, and would start when so touched in a way which was considered mere apprehension, but was more probably reflex nervous action. At the same time steady, firm pressure sometimes relieved the pain for a while, if his wife could get her hand upon the spot quickly and unexpectedly.

All this time he considered himself perfectly well, and declared he should "get the better of the pain." In the first half of 1868, the attacks grew less frequent and severe, and he was quite free from them from July 20th, 1868, to the spring of 1869, but in the intervening autumn and winter he often complained of disagreeable contractions in thighs and abdomen, but never of any sense of constriction round the trunk like a belt. These sensations ceased in the spring of 1869, when the old pain in legs began to threaten, but never returned with its former severity. In November, 1869, he had one sharp attack, his last.

Several years ago, certainly as early as 1867, he was found to have the greatest reluctance to walk in the street after dark, would not do so without a companion to lean on. He knew the number of steps leading to the doors of houses he frequented. About the same time he and his friends

observed a swinging, round-about action of the feet and legs in walking, which he was accustomed to call "winging it." At times his walk was so peculiar as to give strangers the idea that he was intoxicated. This was when he was suffering from the pain in legs.

It was in 1869—probably in spring—that his gait was observed to be clumsy and straddling, and that he complained of his legs being heavy and clumsy. He walked like an old man, or like a little child learning to walk. There was also a growing inability to go straight to the point aimed for, when he rose from his bed or his chair, and in crossing a room he would sometimes go several feet wide of his mark.

In June last he had seminal emissions on seventeen successive nights, and during this time the paralysis of bladder was very troublesome. After the 17th night, these troubles never returned. Sexual desire had not been lost during all these years.

In November, 1869, while buying an "electric disk," the question arose whether he could stand with his eyes closed, and it was found that he could not for an instant. The experiment was several times repeated subsequently, and always with the same result.

He was habitually indifferent to cold, never warming his feet at the fire, and never caring to wear gloves except when driving in winter; but it was remarked that while his hands were always warm to the touch of others, his feet seemed equally cold to them. During the last year or two of his life, however, he grew to dread the winter, and wished to live in a milder climate. During his sickness it was noticeable how little discomfort he felt from being uncovered. His skin was fair, soft and supple to an unusual degree, but he had habitually a line of papular eruptions along the entire course of the spine, which disappeared after he took to his bed. Although a person of nice habits, he had a positive aversion to bathing, and experienced an evident shock from the application of water varying even a few degrees in either direction from 90°, except on the face and hands.

There was an habitual in-turning of the right foot, which had impressed itself on the shape and wear of the shoe; and as I watched the slow process of getting him out of bed to his reclining chair, I saw that the right foot seemed to fall in rather than to be drawn in. It dragged along the floor, while the left was lifted and moved six or eight inches with some accuracy. It was necessary to carefully smooth away every wrin-

kle or unevenness in the carpets at the bedside, as he tripped over the smallest obstacle.

Tickling the soles of the feet excited reflex action—or at least led to uneasy movement of the feet—much more decidedly than did pinching the legs and feet.

After attending him awhile, I found that he was not distinctly aware of the position of his legs in the bed, or in relation to each other.

Above the pelvis, the nervous power was but very slightly disturbed, except in parts governed by certain cranial nerves. Sensation and coördination were perfect (excepting the perception of temperature), and until he was evidently moribund, he took his cup in his own hand, and drank from it steadily. The only hint of disordered sensation in the upper extremities occurred within 40 hours of his death, when he had me recalled to his room, and told me with great clearness—illustrating with an expressive gesture—that he had had several times within a few hours a feeling as if he were "struck a square blow" on the front of the left shoulder. This was repeated two or three times, and occurred once in the right shoulder. It left no pain or numbness, and was accompanied by no twitching.

Deafness on both sides came on suddenly about January 1st, accompanied by confused sounds in head, and by confusion of ideas (the last not constant), but often arising when he lay quiet, and running into his sleep in a way that prevented his getting any rest satisfactory to himself. The noises he heard at first "behind the head," as well as within it, but soon they were referred wholly to the inside. A plug of wax was syringed out by Dr. Buckingham on the 16th of January, but hearing did not improve. He could understand a few sentences, spoken slowly and distinctly, without seeing the speaker, but would always watch the mouth of his interlocutor very closely when he could, and not infrequently failed to get the meaning. Of ordinary conversation, or noises in his chamber, he took no notice.

Taste was dulled, and he found very great difficulty in swallowing solids. It seemed that the process of preparing a morsel for swallowing could not be properly performed, and this not from insufficient secretion; for he could not often wash down the morsels with drink.

It has already been said that he had some difficulty in getting the word he wanted, and on waking, his speech was frequently

indistinct, although the sleep had been light, and the mouth not very dry.

During the last fortnight of his life he had occasional hallucinations, but till within four days of his death he could hold business conversations with perfect clearness.

His pulse was steadily above 100, averaging 116, and sometimes up to 130, and he said it had always been found very rapid by physicians, and had twice led to delay in his obtaining policies of Life Insurance. I never found it otherwise than quite steady and regular.

He lived 29 days from the time when I was first called to him, and the progress toward death was very gradual, but very steady. The only new symptom that occurred below the waist, was a relaxation of the sphincters, which allowed slight dribbling of urine and escape of small amounts of homogeneous and semi-solid faeces, usually without his knowledge. There was no sloughing of skin anywhere, though there was a threat of it over the sacrum about three weeks before death, which passed off in a few days.

In common parlance death took place during sleep ; sleep, which was a mild coma, gradually deepening for 60 hours, but broken by intervals of consciousness, and never becoming very profound.

*Post mortem*, by Dr. J. B. S. Jackson, 37 hours after death.

*Heart*, healthy. Blood in its cavities quite fluid.

*Left lung*, almost solid in its posterior half, and looking much like first stage of pneumonia ; much of the anterior half crepitant, but nowhere as light-colored as healthy lung. Nothing like tuberculous deposit in it ; in parts a frothy-red fluid oozed along the track of the knife.

*Right lung*, very strong adhesions at apex ; two-thirds of upper lobe occupied by whitish spots, two, to three lines in diameter, and distant from each other four to six lines ; just behind and outside of the middle of the upper lobe was a cavity (empty) as big as a common fig. The rest of the front of the right lung was crepitant to the depth of about an inch ; the whole lung behind this was solid as liver ; mottled like a nutmeg on section. No "gray tubercles" in either lung. No effusion on either side.

*Liver*, kidneys, spleen, *bladder* all healthy, as were the external surfaces of stomach and intestines. Their interiors were not examined.

*Head*, skull thin. A few insignificant spots of plastic lymph on dura mater in neighborhood of longitudinal sinus.

*Brain substance* normal to the eye, unusually firm to touch.

Lateral ventricles all right. Choroid plexus somewhat thicker than usual, and this condition of pia mater yet more marked over pons and medulla, but it separated from these parts as readily as usual.

Nothing unusual about base of brain or cerebellum, or upper two inches of spinal cord, which were all sliced thin, and closely examined. The dura mater of these regions was healthy.

The spinal cord, from the cauda equina to about ten inches up, was carefully removed. Nothing unusual was seen in the marrow or its membranes.

Dr. Eedes thus describes the appearance of the cord under the microscope :

"On examining the fresh specimen, the posterior portion of the posterior columns presented a shining, semi-translucent appearance, somewhat different from the usual dead-white, though not very marked. The microscope showed this portion to contain vessels in a state of fatty degeneration, and many of the round, granular bodies called 'inflammation' or 'exudation' corpuscles scattered through the substance. I found nothing of the kind anywhere else.

"After hardening, its sections showed the nerve tubes in this region to be reduced in number and separated from each other by much more than the normal interval by granular matter, probably hypertrophied connective tissue. Some sections seemed to show the posterior roots of the nerves affected in the same way.

"I have made farther examination of the posterior nerve roots from your case, and find them very much atrophied. I believe I spoke doubtfully of this in my first report. The nerve tubes were much diminished in number, and the connective tissue, which resembled that of a common fascia or tendon, considerably increased."

To sum up the distinguishing features of this case : ten years back there was external strabismus, dimness of vision, finally almost complete loss of vision ; recovery complete in six months (unless the frequent "numbness" of eyes is to be considered a remnant of this). A very quick pulse was probably found as early as this.

A year later, the characteristic pains in feet and legs began and continued seven and a half years ; and coincident with them was incipient paralysis of the bladder.

Three years later, herpetic eruptions on thighs, legs and penis, occurring at intervals through three years.

Two or three years later, great difficulty

in walking by night, and disordered action of feet in walking by day.

Three years later (two years before death), pain decreasing and localized contractions beginning in abdomen, thighs and penis; haemoptysis.

One year later, straddling gait and inability to walk straight across room; general wasting.

Seven months before death, seminal emission; two and a half months ago, cough, changed voice, and stupor in evening; in another fortnight, night sweats; the next week, serious disease of right lung, prostration, deafness (breaking in at last upon steady occupation); in three weeks more, similar diseased action evident in left lung, steady increase of all symptoms till, in four weeks more, death occurs.

Equally characteristic are the changes of structure in the spinal marrow, as described by Dr. Edes, *viz.*, substitution of connective tissue for the normal nerve tubes in the posterior columns and the posterior nerve roots; the partial disintegration of tissue and existence of exudation corpuscles.

These changes affected the posterior columns, &c., along the entire length of the specimen sent to Dr. Edes (*viz.*, some eight inches of the lower portion).

The characteristic symptoms of the first stage of progressive locomotor ataxy (*viz.*, a uniformly rapid pulse, disturbances of vision, and the shooting, shifting, intermittent pains) are plainly marked; and it is some four years before the second stage (as indicated by disorder in the coordinating power and the necessity of supplementing it by eyesight) declares itself. If failure of coordination in the arms is the distinguishing mark of the third stage, our patient never reached it; but I submit that the deafness, the impairment of deglutition, and the very peculiar lung lesions, may be referred to the same histological changes as the more familiar symptoms, and I very much regret that portions of the encephalon and the medulla were not sent to Dr. Edes.

The recovery (nearly, if not quite complete) from the grave disorders of vision with which the disease began to show itself; the absence of either diminution or exaggeration of sexual appetite; the deafness, and the clearness of the urine after so many years of bladder trouble, are points in which this case seems to differ from the ordinary course of progressive locomotor ataxy.

#### CASE OF URETHRAL CALCULUS.

By EPHRAIM CUTTER, M.D., Boston.

In July, 1868, I was called to see a boy, 10 years old, who had been suffering from difficulty with his urine for four years and more. His clothes were wet with involuntary discharges night and day. At times he would be seized with paroxysms of agonizing pain, during which he would run about the apartment, unable to keep still. During his difficulties he had the benefit of various physicians, regular and otherwise, but with no relief. One of the most distinguished practitioners in this country examined his urethra with an elastic bougie, and detected a "false passage." He advised no surgical interference, but referred him for treatment to his local physicians. I found a large, globular, dense, painful, fluctuating swelling filling the lower abdomen up to the umbilicus. Dribbling of the urine, constant desire to micturate, pain in the glans penis, great general uneasiness and distress. I diagnosed a distended bladder, and endeavored to pass an elastic catheter and failed. Then a No. 1 vesical sound was introduced; this had entered only a little way when it struck a hard body, with a metallic click, which proved to be a calculus impacted in the urethra. The point of impaction was at the scrotal part of the urethra. Beneath the fingers it felt dense and unyielding. As the indications were urgent to relieve the distention of the bladder, I succeeded in catheterizing it, passing the instrument by the stone. It was noticeable how the contractility of the bladder had been destroyed by the four years' stretching. It was necessary to press on the bladder through the abdomen before the contents would escape through the catheter, and then the walls of the bladder felt as if they were certainly half an inch in thickness.

At a subsequent visit ether was administered, and a forceps, such as is used for extracting polypi of the ear, was passed down on to the stone and firmly fixed. The calculus was then withdrawn to the urethral outlet with some stretching and care. An incision made through the frenum, lengthwise, afforded an exit for the calculus with but little hemorrhage. It proved to be uric acid, oval, the size of a large pea.

There was but little subsequent difficulty. By pressing on the abdomen with the hand, he could evacuate his bladder with ease. The cut healed perfectly and speedily. The contractility of the organ increased as time

elapsed, so that at present there is no trouble.

The strong point in this case is the importance of using metallic materials in carrying the sense of touch into the deep cavities. Had the physician named employed his metallic bougie he would have made a correct diagnosis and instituted proper treatment, with speedy relief to the patient. One should not, therefore, wholly rely on the evidence afforded by a non-metallic bougie in physical exploration of the urethra. I hope this point will be strongly and indelibly impressed on the reader.

## Selected Papers.

### CLINICAL ILLUSTRATIONS OF THE ANALOGY BETWEEN THE PROCESSES OF HEALTH AND OF DISEASE.

By JAMES RUSSELL, M.D., F.R.C.P., Physician to the Birmingham General Hospital.

The inquiry which is connected with the subject of my present paper has much interest in relation not only to disease, but also to the processes of health; any light which it may throw upon morbid action will also be reflected upon the ordinary phenomena of normal nutrition. Disease is "nothing which the mind can grasp in the form of a distinct entity added to the human frame, but rather a deranged condition of the animal machinery;" hence it is of importance to compare the phenomena of health with those of disease, in order to learn wherein consists the derangement of the machinery of healthy nutrition, and what is the ultimate condition in which such derangement originates.

Now, upon these two branches of the subject our information is not always equally precise, and we must guard ourselves against being led by the knowledge we may possess upon the one to overlook our ignorance of the other. The class of epilepsies from which I shall take the illustrations I am about to adduce afford a very pertinent exemplification of the justice of this statement. Our knowledge respecting the action of the nerves in regulating the capacity of the minute arteries has opened a wide field of investigation, in which observations upon health and disease have mutually assisted each other; but in applying this information we have still to remember that in the phenomena of vascular action we are dealing only with secondary operations, and do not come down upon the

ultimate changes upon which the specialties of vascular action depend. Thus in epilepsy we can explain the various phenomena which characterize the ordinary fit, by variations in the cerebral circulation, but in assigning such an explanation we by no means give an answer to the question, what are the ultimate changes in the central organs which are concerned in causing the fit? We only push the inquiry one step backward from the brain at large to that portion of the nervous centres in which the vascular nerves originate; the question still remains one as to the condition of nerve-tissue. It is on this account that the term epilepsy is so indefinite in its application; that it only indicates a particular state of nervous matter brought about by different kinds of lesion, with the nature of which we are but imperfectly acquainted. Such is the direction in which our inquiries have to look in order to give precision to our thought upon this class of maladies.

In this particular, however, our position in regard to morbid action is closely paralleled with that which we hold with reference to the processes of health, and here also the example I have just adduced finds a striking analogy with those normal processes which I shall have to adduce for the purposes of comparison. In the essays on sleep and its allied states to which I am about to refer, the authors, whilst satisfactorily alleging various states of the cerebral circulation in explanation of the phenomena they describe, yet find it necessary to extend their inquiry to that condition of the nervous centres in which such changes of vascular action take their rise.

One practical result of the greatest moment is derivable from this view of the subject; it exalts the necessity of keeping constantly in view the influence exerted upon the tissue of an organ by the function it performs, and of regulating such function, as the essential condition for preserving health. In no class of organs is this principle of greater importance than in the case of the central organs of the nervous system; perhaps in none is it less appreciated by the vulgar. It is too much imagined that a healthy state of the brain may be secured by regulating its physical nourishment. It is less generally recognized, at least so far as practice is concerned, that the proper regulation of its function is an agency of still greater power, though more difficult of attainment.

The illustrations I am about to adduce are derived from epileptic disease, and the condition of health with which I bring them

into comparison is that of sleep in its various manifestations. In epilepsy and in sleep alike the most satisfactory explanation of the mechanism by which the phenomena are immediately produced is derived from variations in the state of the cerebral circulation of the minute arteries; and the parallelism which may be shown to exist between the healthy function of sleep and the abnormal state in epilepsy confirms the hypothesis which has been formed respecting each.

According to the valuable observations made by Mr. Durham, Dr. Hammond, and others, the condition essential for sleep consists in a diminished circulation of blood through the brain, indicated by the establishment of the "circulation of nutrition," as opposed to the "circulation of function," to quote the words of the first-mentioned author. In sleep, when perfect, the brain is placed in a condition best suited to its renovation after active exertion, and such a condition must enter into every idea of sleep. Hence sleep involves a delicate adjustment between the extremes of anæmia, on the one hand, which would produce one form of coma and would prevent nutritive restoration, and on the other of active circulation, which keeps the organ in a state of waking activity. In epilepsy the first stage of the fit is believed to consist in closure of the small arteries of the brain. Now, I have lately recorded in this journal a case of chorea which presented also attacks of an epileptic nature, wherein the patient passed from sleep into a state of perfect insensibility, from which the most violent measures could hardly arouse her, yet which yielded to the inhalation of chloroform. It is further of much interest in relation to the phenomenon of dreaming, that whilst entirely unconscious to external events, she sang, talked and even recited poetry.

But a state of troublesome wakefulness or else of disturbed and imperfect sleep is a much more common attendant upon epilepsy. More than half of the patients from whom I have made inquiry upon this subject have admitted the presence of this symptom, and many have referred to a marked change having taken place in their sleep coincidently with or subsequent to the establishment of their fits. In some cases the alteration in question is most strongly insisted upon, and indicates a transition from comparatively tranquil sleep to a state of great disturbance.

There are some instances in which the connection between epilepsy and bad sleep

is still more direct, the patient alleging the coincidence of disturbed sleep with the occurrence of particular fits. Some have spoken of several sleepless nights as habitually following a bout of fits, and in one instance the sufferer even employed this wakefulness as a kind of warning.

It is well known that continued mental activity is the great opposer of sleep, and there is no form of mental activity more powerful in this respect than emotional excitement. Now the observers whom I have quoted, state that in active conditions of the mind, the circulation through the brain is quickened and the supply of blood is increased; this circumstance directs our attention to the unstable condition of certain parts of the nerve centres in epilepsy, and especially of the centres which govern the nerves supplying the cerebral vessels, as not unlikely to be concerned in producing the irregularity we note in the function of sleep. The instability may manifest itself, not only by causing contraction of the arteries, as in the fit itself, but also by permitting their dilatation at unseasonable periods, as actually occurs in cases of vascular turgescence to which I shall have to refer presently.

Dreams, says Mr. Durham, "are associated with those states of cerebral circulation, which have been mentioned as intermediate between the states which respectively characterize perfect repose and perfect activity or wakefulness of the brain," and a tendency to dreaming is also very prominent in the disturbed sleep I have been describing. But the dreams to which epileptics are liable, possess an interest of a different character, related to a peculiar form of delirium which frequently mingles with the other phenomena of epilepsy, characterized by suddenness of occurrence, temporary duration and the remarkably shifting and impulsive nature of its manifestations. The analogy which subsists between delirium and dreaming, has naturally attracted the attention of all who have written upon the subject. Now in epilepsy the account I have received respecting some patients as to what has occurred in their dreams, offers a very striking resemblance to the description given of the milder form of delirium from which others have suffered. The patients talk, "moither," shout, cry, "ramble" in their sleep. They wake in terror, with eyes glistening, heart palpitating, a wild expression of face, and in a profuse perspiration. Occasionally they see spectres. In some cases the acts of the dreamer are of a more special char-

acter. A boy always seemed in trouble; he was constantly trying to save from drowning his mother and his younger brother, and always selected these two members of his family as the subject of his dreams. His mother had for a long time been obliged to sit by him twice or thrice a week, and sometimes for several nights in succession. A child awoke screaming, threw up the window and leapt through; she looked greatly terrified, and "her screams were fearful." A girl started up in bed declaring she saw men getting in at the window, her eyes being widely open, and she remained in this condition for two or three hours. A woman dreamed that her child was not her own, and in her sleep went down stairs, hoping to find some one to take charge of it; she then returned to her own room, thinking how foolish it was to keep the child; she opened the window, and was "considering" about throwing it out, when, luckily, some one entered.

Somewhat analogous to the dreaming state was the waking condition described to me by a lady, the subject of epilepsy and of epileptic delirium. She had "an idea entering her mind," but could give no more definite description of the state. The idea became more vivid before a fit, and was always accompanied by a sense of dread. Subsequently "the idea" was replaced by a tendency to trace tunes in her mind, opera tunes, chants, etc. The same tune would be present sometimes for a day or two. "Oh, if I could but change it!" she exclaimed.

I should, however, state in passing that I do not find any constant connection between tendency to disturbed sleep and to delirium in the same patient.

I may mention here one point of resemblance between many dreams and epileptic delirium; that in the latter the patient generally has no recollection of what has taken place during the period of intellectual derangement. And one other subject remains in illustrating the analogy between the delirium of epilepsy and certain states of mind which belong to the normal condition; I refer to the extreme irritability of temper which epilepsy induces, and which sometimes coincides with a tendency to delirium. The description occasionally given of the violent and causeless passion into which the patient is thrown on the most trifling provocation cannot be distinguished from that of an attack of delirium; he is for the moment dangerous to those around, and even commits serious mischief. In one patient whom I had the opportunity of watch-

ing through several years, the transition from mere petulance after a fit to evident delirium was very interesting. At first he was quarrelsome, then strange "and wandering," and finally fell into violent delirium.

One of the most interesting phenomena of sleep is somnambulism, and epilepsy occasionally presents a very close resemblance to that singular condition. Somnambulism "is a dream put into action," and verifies the correctness of Cicero's remark, as quoted by Dr. Holland, that if it had been so ordered by nature that we should actually do in sleep all we dream, every man would have to be bound down before going to bed. In ordinary cases of somnambulism the actions are directed by some dominant idea possessing the mind, though removed from the influence of the will, and not connected with the ordinary waking condition by the link of memory. The individual, to quote Dr. Richardson's words, "pursues an act of consciousness of which he is not self-conscious; he presents to us, i. e., a mere objective consciousness."

Now, somnambulism may be produced artificially. Dr. Richardson has recorded some interesting observations in the Reports of the British Association, 1865, p. 274, showing that a state analogous to somnambulism sometimes follows the inhalation of amylene. A patient was entirely senseless, and in this condition underwent a severe surgical operation; yet "she talked with considerable correctness on the topics of the day, seizing objects with precision." He experienced proof that he had produced the same condition in his own person, though quite unconscious of his acts; and he quotes a like instance witnessed by Dr. Snow, in which a child played with a ball, throwing it into the air, catching it with precision, talking and laughing all the time, yet to all appearance perfectly unconscious.

Certain phenomena prove that varying conditions of different parts of the brain, as regards the state of activity, may be consistent with the continuance of sleep, though whether with what is understood by the perfect form of that condition has been differently interpreted; it seems certain that some portions of the organs may be asleep whilst others are, at least partially, awake.

Now in particular forms of the epileptic fit we may witness a very interesting series, variously approaching somnambulism, and illustrating different modifications as regards consciousness, and the performance of automatic acts.

In the mildest fits the patient very frequently does not fall, and that such is not

merely due to the extreme brevity of the fit seems proved by the fact that others, in an equally brief attack, will instantly drop and recover in a moment. Again, in certain fits the patient saves himself from falling by laying fast hold of some object. This is not unfrequently the case in the slighter varieties, but it will sometimes happen in fits of considerable severity.

But in some cases the automatic condition involves the mental function, and approximates the state of delirium. One little girl obeyed directions whilst in the fit, though after it she was quite unaware of what had happened. Another talked mechanically, yet was so insensible of outward impressions that she fell on the fire without being conscious of pain. Some exhibit a singular mixture of automatic talking and automatic acts; *e.g.*, a man began to rub his hands, to wipe assiduously a book he was holding at the time, looking around with a vacant expression, and talking like a man intoxicated; his face was pallid, his pupils unchanged. A young man suddenly leaned against his neighbor; he began to rub one hand against the other, and to wipe his mouth with his shirt-sleeve; looked around with a saucy expression, and asked what we were going to do with him, then came to himself. The same state may introduce a fully developed fit. I was sitting by my patient when he touched me to call my attention to himself. His breathing became hurried and irregular; his pulse feeble; the action of his heart tumultuous; he called out, "Oh! dear," in evident distress, but continued to talk clearly and connectedly in reply to our observations, and observed that this was a different "queer" from his usual ones; immediately afterwards he passed into a very severe attack of bilateral convulsions with perfect unconsciousness, widely dilated pupils, and internal strabismus of the right eye as the fit passed off. It is to be remarked that most of the subjects of these exceptional fits also suffer from others of the ordinary type.

But there are many cases which imitate yet more closely the evidence of somnambulism, without, however, affording any evidence of a purposive character; one patient begins to walk backwards in her fits; another, a puddler, does not fall, but if at the furnace only stirs the iron more vigorously, and without discretion; yet another walks about in a state of complete objective unconsciousness, followed by his fellow-workmen, who guard him from injury; he comes to himself in ten or fifteen minutes, and then is "very

heavy for sleep." A remarkable instance of a similar kind is afforded by a man, who, in addition to convulsive fits, has what he terms "bewildering spells," in which whilst at work, he leaves his tools, suddenly starts off to walk right onwards, and when conscious finds himself at a considerable distance from the spot whence he started. Another man gave me very much the same history. One other patient curiously united somnambulism with epilepsy. When she had her fits during the night she frequently, at their termination, found herself out of bed, and completely dressed.

I notice briefly in conclusion variations in the supply of blood to different parts of the body, visible externally, or else manifested by increased activity of some glandular organ, as it is in the brain by restlessness and dreaming. It is needless to advert more particularly to the healthy phenomena with which such phenomena connect themselves.

I may allude first to the pallor of the face which appertains to the first stage of the epileptic fit. It is in the minor fits that this pallor is most noticeable; in these attacks the larynx often escapes, and therefore suffusion of the face does not necessarily obliterate the paleness which precedes it. Hence, in the description which the patient gives of the fit in question, the absence of color in the face holds the most prominent place, and evokes such expressions as "paleness, deathly pale, aspect of death," etc., which are very frequently employed; and the term "faint fits," ordinarily applied to this form of epilepsy, sufficiently indicates the kind of impression which this symptom makes upon the mind of the beholder. I may refer in further illustration of this part of the subject to a paper by Dr. R. Reynolds (*British Medical Journal*, December 26, 1868), which presents some illustrations of local interference with the circulation in the limbs through paroxysmal affections of the vaso-motor nerves.

The opposite condition, however, that of preternatural vascular fulness in some particular part, sometimes presents itself in connection with epilepsy, due to that unstable condition of certain nerve centres, which is indicated besides the fit by frequent starts, cramps, vertigo, headache, and others—the so-called inter-paroxysmal symptoms—in which, however, it is probably true that contraction of vessels is a more frequent phenomenon than dilatation. Of course these phenomena of vascular turgescence occur, we notice, in connection with epilepsy only as a part of a much

larger series of similar changes in other conditions, but I confine my remarks to epilepsy. Thus, a lady who suffered from every kind of epileptic fit, both gravior and mitior, and from epileptic mania besides, presented a remarkable series of variations in the character of the small fit—passing vacancy, with “set” aspect of features, and entire forgetfulness at the moment; then brief but perfect unconsciousness, dilated pupil and general slight tonic spasm without falling; then a haunting “idea” or a persistent tune; and also attacks of peculiar flushing, the neck and face becoming suffused with a deep blush, which reached even to the fingers, and was attended with subjective heat and a sense of oppression or suffocation.

Another case presented in a different form an analogy with shingles, in being accompanied by an affection of a sensitive nerve. The fit began with a pain in the left foot, running up the left side of the trunk, and then involving the left arm and cheek; as it reached the upper teeth, where it was exceedingly acute, a circular patch of vascularity, about the size of half-a-crown, appeared in the cheek. It continued about ten minutes, and when it left, the pain subsided also; a red mark also, called by the mother a “vein,” followed the course of the pain up the arm. The phenomena recurred frequently, but never under my observation.

I have reported in this journal an interesting example of unilateral sweating occurring in paroxysms with other epileptic phenomena. The outbreak of the perspiration, which was very profuse, was preceded by a sense of such intense heat, that the patient did not doubt, on the first occasion, that his shirt-sleeve had taken fire, and at the same time the cheek became so much suffused as always to give notice to the patient's wife of what was about to happen. He suffered from constipation, and was always worse when his bowels were confined. A slight degree of lachrymation on the affected side accompanied the sweating, with some dimness of vision, probably from impaired accommodation. In the same number of this journal with my case appears a similar case from the practice of Dr. Ramskill, the perspiration being nearly limited to the region supplied by the fifth nerve; two others are added, in which unilateral facial sweating co-existed with paralysis of the cervical sympathetic from pressure.

In another case, the child's mother informed me that during the fit the left side,

which was rigid, was covered with a cold sweat. In a girl, perspiration having a strongly acid smell broke out over the entire body with the fit; she had *tanria*. A man was similarly affected in every fit; “before the perspiration comes he feels hot all over him like as if in a fire.” The perspiration saturated his flannel, and had a peculiar earthy odor. He stated that whilst it was present the surface of the body was pale; he also suffered from constipation; and a boy perspired so profusely in the fit that his mother was obliged to wrap him in flannel to prevent him from taking cold. Similar phenomena are recorded in two cases of epileptic mania, in one of which the patient suffered from constipation. I regret that I was unable to witness the attack in any of these cases.

Salivation and lachrymation are also mentioned in connection with the attacks in certain of my cases, in one or two attended with pain in the fifth nerve.—*London Med. Times and Gazette*.

## Reports of Medical Societies.

### EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED BY F. W. DRAFER, M.D., BOSTON.

The Society resumed its regular monthly meetings Saturday evening, Sept. 24th, the President, Dr. George C. Shattuck, in the chair.

Dr. —— introduced to the Society a boy, 4 years old, who, until last March, had been perfectly well. Since that time he had been attacked successively with meningitis (accompanied with coma and hemiplegia), diarrhea, aphthous sore mouth, scarlatina, and finally with pleurisy and empyema. Paracentesis was performed by Dr. Bowditch, and sixty-two fluidounces of purulent fluid were withdrawn from the pleural cavity. Immediate relief and rapid recovery followed, and the child is now well.

Dr. Cutter remarked that complete recovery in such cases depended in great measure on the perfect expansion of the lung after tapping; and that, in turn, depended on the adhesions of the pleura. He mentioned a case of effusion in a patient fifty years old; the withdrawal of the fluid by tapping was the only treatment, and recovery was perfect. He also cited another case in which were present all the rational and physical signs of effusion into the pleu-

ral cavity; paracentesis was attended with the escape of only a small amount of blood, and *post-mortem* examination discovered the lung and pleura to have degenerated into a mass of encephaloid cancer.

Dr. Cheever exhibited and described three instruments which have been recently introduced. One of these was a clamp or forceps to be applied to the upper lip for the purpose of steadyng the part and to prevent hemorrhage during the operation for hare-lip. Another was a forceps for dilating the incision in the trachea in tracheotomy; it consisted of three blades, two lateral, and a third so adjusted that as the lateral blades opened the other was retracted and shortened, giving space for the introduction of the tube. The pneumatic aspirator of Dr. Dieulafoy was also shown; it comprises an exhausting syringe, like that in ordinary use as a stomach-pump (the cylinder being of glass), and various sizes of subcutaneous needles. Dr. Cheever thought it would be of great service in making exploration for diagnosis, the nature of fluids in the deep-seated cavities being thus determined without opening them to a harmful extent. He had himself used the hypodermic syringe for this purpose.

Dr. Wheeler, of Chelsea, exhibited a tumor which he had removed from the breast of a woman 32 years old. It was a non-malignant growth of nine years' duration. Its recent rapid growth, its offensive discharge and its weight indicated its removal.

Dr. Cutter read notes of a case of fibrous naso-pharyngeal polypus. It occurred in a girl of 15 years, inducing obstructed respiration and deglutition and intractable conjunctivitis. It was removed by means of a wire écraseur, which was shown to the Society. The tumor recurred seven months after, and was again successfully removed with the écraseur.

Dr. Cheever said that the most important question in connection with such growths was with regard to their recurrence. It is well known that uterine polypi will undergo spontaneous degeneration after their partial removal; but it was his opinion that fibrous tumor originating in the periosteum required very radical extirpation to prevent their re-appearance. In one case of his own, the growth had reappeared after the point of section of the pedicle at the base of the cranium had been freely cauterized with strong nitric acid at the time of the operation. At the second operation the periosteum and adjacent bone

were gouged away with a chisel, and there had been no recurrence.\*

Dr. William Ingalls reported a case of progressive muscular sclerosis in a child 5 years old. The case presented the symptoms described by Duchenne—muscular debility, marked curvature forward of the dorso-lumbar region of the spine, totting or waddling gait, hypertrophy of the muscles of the calves, and finally death from pneumonia.

Dr. Webber read a paper presenting a complete résumé of all that is known up to the present time of this rare and interesting disease.†

A brief discussion followed as to the points of resemblance between this disease as represented in the case reported and tetanus, after which the Society adjourned.

## Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 6, 1870.

### CLIMATE OF THE BAHAMAS.

We are indebted to Mr. Cleveland, of Nassau, N. P., for a pamphlet giving a description of that city, including certain facts which are of interest to the profession, especially at this season of the year when patients are debating in their minds the best resting place from the rigors of our northern winters. We have already ourselves contributed an article to this JOURNAL‡ on the Medical Resources of the Island of Madeira, and we have lately made arrangements for communications of a similar nature, on the climatology of Minnesota and other winter resorts, which we hope soon to lay before our readers.

We make liberal extracts from the work of Mr. Cleveland.

"The Bahamas are a numerous group of islands which lie on the east coast of North America, north of Cuba and St. Domingo, encircling and almost enclosing the Gulf of Mexico to the northward. These islands are twenty-nine in number, and without exception of the same geological character, being formed of calcareous rock, composed of coral shells and marine deposits, hard-

\* Vide JOURNAL, vol. iii., N. S., p. 95.

† The report of the case and the essay will shortly be published in the JOURNAL.

‡ JOURNAL, May 12, 1870.

ened into lime-stone more or less stratified, and abounding in fossils of recent and living species.

" New Providence is the most important of the group; Nassau, its chief and only town, was settled by Europeans in 1629, since which time it has been the seat of government. It is situated in North latitude 25° 5', and west longitude 77° 20', covering an area of 85 square miles, with a population of about 12,000. \* \* \*

" New Providence has been noted for salubrity of climate for many years, but events connected with its early and recent history have so prejudiced the minds of Americans, and led to such false impressions, that only to those who have had more intimate knowledge of the Island has the idea of an even transient residence been sufferable. \* \* \* \* In no country will the traveller find better society, or more kind people, than among the European and native inhabitants of Nassau. \* \* \*

" Peter Bruce, in his memoirs (1732), says of the climate:—' The Bahama Islands enjoy the most serene and the most temperate air in all America, the heat of the sun being greatly allayed by refreshing breezes from the east, and the earth and the air are cooled by constant dews which fall in the night and by gentle showers which fall in their proper seasons, so that they are free from the sultry heat of our other settlements. They are as little affected with frost, snow, hail or the northwest winds, which prove so fatal both to man and plants in our other colonies.' "

A table taken from Gov. Rawson's " Report of the Bahamas" for the year 1864, accompanying the blue book of the colony, gives, in a series of observations taken for ten years, as the mean monthly maximum of the thermometer at 9, A.M., 82°; and the minimum, 71°. The maximum of the thermometer for the summer months is 88°; the minimum of the winter months is 66°. The mean monthly rain-fall is 4.6 inches.

" The mean height of the barometer is exactly 30 inches. The greatest maximum heat exceeds the average heat by not more than 12°. The greatest minimum falls short of it by 10°; the extreme variation is therefore 22°.

" From these observations, two important deductions will be made. First, that the average temperature from November to May inclusive, is exactly that at which outdoor and indoor life are best combined; always above that, at which artificial heat becomes

necessary, and always below that at which exercise becomes exhausting. Second, that the variation between extreme limits of temperature is comparatively small, and that these limits are those within which any variation is of the least possible importance to the health or comfort of the individual. Moreover, the mean barometrical standard indicates a light or rarefied atmosphere, and the average rainfall for a series of years during the season of resort, demonstrates one of unusual dryness. If, then, the climatic desideratum for invalids suffering from pulmonary disease is, as indicated by medical authorities, ' a dry, rarefied atmosphere at equitable temperature,' the climate of Nassau fulfils the indication not only to an unequalled but also in a marvellously perfect degree. How perfect, will become evident by comparing it with Madeira, South of France, or Southern United States of the Atlantic Coast!

" Regarding the sanitary state of the Bahamas, we quote again from Gov. Rawson's Report:—

" These Islands are, without exception, remarkably healthy. They are free from, and are seldom visited by, epidemic diseases. Intermittent fevers, which prevail to so great an extent on the neighboring continent, are comparatively infrequent here, and usually assume a mild form. During the last thirty-five years Nassau has been visited by cholera once, viz., 1852; by smallpox in 1845 and '60, when it was introduced, in both cases, from St. Domingo; and by yellow fever at distant intervals, and attended with very slight mortality—viz., 1829, '45 and '53, until 1861–62, when, from transient circumstances, it assumed a more malignant form."

" In 1864, yellow fever was again introduced, as also to a slight extent during the last summer (1869). In both cases this is accounted for by the presence of large numbers of strangers; in the first instance, of those engaged in 'blockade running,' and, during the past summer, those connected with the Cuban revolution. The entire number of fatal cases during the summer of 1869 did not exceed twelve, including those who died on vessels in the harbor.

" As foreign traffic is less, epidemics as well as sporadic cases of yellow fever and cholera have been much less numerous than in New York. But as such instances occur only during the summer, when visitors are away, the subject has no interest in our present inquiry. During the last season, no known case of intermittent or remittent fever has occurred, either at

the hotel or among the white population of the Island. It may, therefore, be considered certain that no disease that takes epidemic form is indigenous to the Island, neither can such diseases exist there, except to a very limited extent when introduced from foreign ports, and even in such case only during the summer months.

"The city of Nassau is built on the northern side of the Island, which slopes down to the water's edge, affording sure and perfect drainage. It extends along the water front for about three miles, and back to the crest of the slope, on which stand the Government House, the Royal Victoria Hotel, and many of the finest private residences. The streets are laid out at right angles with each other, and are uniformly macadamized, as are also the drives around the Island. The houses are, for the most part, built of stone, and the grounds surrounding them are ornamented with flowers and trees. The city has a fine public library of over six thousand volumes. Nassau has almost as much right to be called "the City of Churches" as our own Brooklyn. All creeds find themselves at home in the services of the various churches and chapels.

"The drives are not to be excelled—the roads being equal to the best; the scenery, both seaward and inward, being varied and beautiful. The harbor and neighboring waters afford at once a safe and extensive boating ground, while the shores are covered with marine treasures, in the form of shells and corals. In the interior and on the out islands, game abounds to reward the labors of the sportsman; while the adjacent waters supply fish in abundance, and unrivaled for beauty and size."

The Royal Victoria Hotel, built by the Colonial Government to meet the demand of invalids and others seeking to avail themselves of the natural advantages offered by Nassau for a winter residence, offers every convenience and comfort to its guests. It is now kept by two New York men, and the testimony of many of their guests is evidence of their ability to serve the public in the proper way.

"Nassau is at present in direct communication with New York by the Atlantic Mail Steamship Co.'s steamers, which leave every fourth Thursday, viz., Oct. 6th, Nov. 8th, Dec. 1st, Jan. 26th; fare, forty-five dollars, gold. On February 1st, the present contract between the Bahamian Government and this Company ceases, after

which time a fortnightly steam communication is to be established."

**A STUDENT'S NUMBER.**—It is our purpose to issue, on the day following the delivery of the Introductory Discourse before the Medical School, an enlarged number of the JOURNAL, which will be especially devoted to the interests of the young men commencing or pursuing their medical studies. It will contain such advice as may be valuable to students, as well as information which shall lead them to make the best use of the means offered by our city for the acquirement of a sound medical education.

We cordially invite the members of the profession to aid us in this proposed plan and to send us appropriate communications at an early day. Our Publishers call attention to the opportunity which a considerably increased issue on that day will offer for the interests of advertisers.

**THE MEDICAL TIMES.**—Our young cotemporary starts off with flying colors. Its first number has found its way to our table, and we welcome it as a friendly token of the good will of the profession in the City of Brotherly Love.

The project of a new medical journal in Philadelphia was first considered in April last, when a meeting of over one hundred physicians, including the most eminent and active members of the profession, was held, and the publication of the *Medical Times* was determined on. The most ample assurance as to the value and variety of the original communications that its columns will contain is afforded by the list of these names, as well as of the writers in other cities who have promised their aid.

"*The Medical Times*, therefore, appears as the result of no mere private enterprise, nor as the organ of any school or party, but as a journal which may fairly claim to represent the medical profession and medical interests in Philadelphia.

"This is, however, far from being its sole object. The position to which it aspires is one free alike from local interests and from partisan spirit. The only aims which shall be recognized in its management are the advancement of medical and surgical science, the detection and reform

of abuses, and the promotion of the interests of the profession at large. Animated by such aims, we ask for it a welcome, not only from the physicians of this city, but from those of the entire country."

**DR. HORATIO NEWHALL.**—Dr. N., whose death in Galena, Ill., has been recently announced in this JOURNAL, and in the daily papers, emigrated to G., as a pioneer, from this part of our State, when a young man, and grew up with the place. He graduated at Harvard University, in the class with George Bancroft and Caleb Cushing, and, after receiving his medical degree, went at once to G., by the advice of Dr. James Jackson, who had been applied to for some one to go out to that place. Dr. H. was a man of sound mind, well educated, irreproachable in character, and through a long course of successful practice, to which he entirely devoted himself, he commanded the respect and confidence of those about him. Within the last few years he has had symptoms of affection of the heart, though he was in Boston to visit his friends last year, and he has recently died at the age of 73 years. The death of one whose whole course of life has added strength and given dignity to our profession in the community in which he lived, is an event that ought not to pass unnoticed; and our friends who leave us to go off and practise in distant parts of the country, ought not to feel that they will be forgotten. Dr. N. left a large family, and one of his sons, who received his medical degree here about two years ago, has established himself in Galena, and will, it is to be hoped, stand as high in the profession as his father. Dr. N. left also two brothers—both of whom reside in Dorchester—Cheever Newhall, Esq., the well-known agriculturist, and George Newhall, Esq., a retired merchant and a highly respected man.

**"NOTHING IS LAW THAT IS NOT REASON," BUT WHAT IS REASON SHOULD BE LAW.**  
*Messrs. Editors.*—The JOURNAL neither attempts to disprove the facts nor to refute the arguments adduced in support of what it pleases to call my "theory of the rights and privileges of the Massachusetts Medical Society"; perhaps because the facts are stubborn and the arguments unanswerable. As the JOURNAL is everywhere recognized as the organ of Harvard Medical School and of the regular profession in Massachusetts, it might have been expected to coöperate with the Society in the reform inaugurated at the annual meeting in May ult. But no,

it was the first to "throw cold water" on the Society's effort to redeem its lost honor, the first to challenge the legality of the resolution and so to put weapons in the enemy's hands. True, the JOURNAL denounces "quacks" in general terms. But this is beside the present issue. Nor will the profession feel assured of the JOURNAL's fealty to honorable and legitimate medicine until it shall heartily engage in the work of purging the Society, until it shall cease to act like one who, when a corner of his house takes fire, wrings his hands, crying, "Oh, how dreadful—but it can't be put out, there's no use trying!"

As for the Society, better that it reorganize than fail in the duty it has undertaken.

**"CHAMPION OF THE ANTI-HOMEOPATHISTS"!**  
*Messrs. Editors,* I accept the title, adding, and of the antis everything that is irregular and unprofessional. Who is my antagonist? Par excellence the JOURNAL, which, by arraying itself against me, becomes and virtually proclaims itself the champion of the homeopaths. In all sincerity I ask, is it their self-appointed, because sympathising, defender, or on what other ground will it explain its course? My thanks are due for the courteous manner in which, by placing in marks of quotation words of mine, the JOURNAL calls attention to important passages in my recent communication. I conclude by remarking that ridicule is not reason, though often mistaken for it.

J. L. S.

We believe that, in leaving the matter of the *legality* of the resolution in the hands of the profession, we have assured them of the honorable intent of the JOURNAL, and feel confident that gentlemen, in acting upon the question, will give it due consideration. Tedious discussion we deem unnecessary.

**DR. CHARLTON,** of the Newcastle Infirmary (*Bri. Med. Journ.*), has found creasote so uniformly successful in checking the vomiting which sometimes occurs in Bright's disease, that he has diagnosed this malady where other symptoms were absent, by the cessation of vomiting under that remedy. As another diagnostic sign he states that "tenderess on pressure of the pneumogastric in its course through the neck is evidence of inflammatory disease of some of the organs to which it is distributed, whether it be stomach, lung, spleen, liver, or kidney." If only one side be affected, the nerve on that side will alone be tender.  
*—Cincinnati Lancet and Observer.*

## Medical Miscellany.

**RABIES.**—M. Peuch showed, at a meeting of the Society of Medical Sciences of Lyons, *Lyons Médicale*, Dec. 19th, 1869, the tongue of a dog which had died of the above disease. The owner of the animal thought that a bone had been arrested in the throat, as the dog was constantly carrying his feet to that region; but the veterinary surgeon at once suspected rabies. Let this circumstance be a hint to dog-owners. On each side of the tongue an ulcer with sharply-rounded edges was perceived, the size being from one to two lines. M. Peuch stated that he had never found such ulcers but in cases of rabies, and thought the latter disease had perhaps its own characteristic ulcer, like the syphilis or glanders. In answer to a question, the author said that he had inoculated the matter of each ulcer to a bitch two months old, and that, on killing the animal four months afterward, no rabid lesion was found, nor had any symptom been observed during life.—*Med. and Surg. Reporter.*

**EFFECTS OF GODFREY'S CORDIAL.**—An inquest was held on Tuesday last, at Nottingham, on a child five months old, who, having suffered from diarrhea, had "Godfrey's Cordial" administered to it by its mother. The child succumbed, and a post-mortem examination showed that death had been accelerated by opiates. A verdict in accordance was given, and the mother was reprimanded by the coroner, for her conduct in administering the "remedy."—*London Med. Times & Gazette.*

**CARBOLIC ACID AND STREET WATERING.**—Dr. Whitmore, in his Report of the Health of St. Marylebone for August, says:—"During the summer most of our crowded streets have been watered on alternate days with a weak solution of carbolic acid, as has been the custom for the last four years, and there is no doubt that this excellent antiseptic and disinfectant has been very beneficial in a sanitary point of view. The inhabitants of those streets have often expressed satisfaction at the freshness and removal of disagreeable smells which this acid produces, and they regard it as an addition to their comfort."—*Ibid.*

**A NEW DRUG.**—MM. Rabateau and Peyre have been experimenting with the root of a plant in use at the Gaboon as an ordeal poison, and locally known as m'boundou or iaca. It will be remembered that it was from this source that the highly valuable calabar bean was obtained and utilized in medicine. The authors state that, even in very dilute decoctions, it is very bitter, and appears to contain one or more alkaloids, since the aqueous decoction is largely precipitated by iodide of potassium, and also by phospho-molybdic acid. The poisonous effects of this substance bear some similarity to the effects of brucia, but the authors state that, under certain conditions, this poison does not hurt men. Some of the lower animals are readily killed by it; a dose of three milligrammes of the alcoholic extract, placed un-

der the skin of a frog, kills it; and rabbits and dogs are killed by doses of from fifteen to twenty-five centigrammes of the same extract introduced into the stomach.—*Brit. Med. Jour.*

**MR. SKYE** expresses very reasonable doubts of the injurious influence of atmospheric air in wounds. In the case of compound fractures, he attributes the slowness of the healing process, and other untoward symptoms, rather to the laceration and contusion of the structures than to the admission of air; adding that in operations for empyema and hydrothorax he has never made any attempt to exclude air, and quoting one case in which he and the late Dr. Todd intentionally admitted air enough to take the place of six pints of serous fluid, without the slightest evil result.—*Medical Gazette.*

**SCHWANN'S DISCOVERY.**—In 1837 Schwann discovered that meat highly heated and excluded from air never putrefies.—*N. Y. Med. Record.*

**TO CORRESPONDENTS.**—Communication accepted:—*Naso-pharyngeal Polyp*, removed through the Mouth by a modified Ecrasur.

**CORRECTION.**—On page 203, line 29, for "Cooper, 26 days," read *Cooper, 56 days.*

**MARRIED.**—In Gorham, Me., 29th ult., Dr. E. N. Whittier, of Boston, to Miss Nancy Pierce, of Gorham.

**Deaths in eighties Cities and Towns of Massachusetts for the week ending Oct. 1, 1870.**

Cities and towns.	Total.	Cholera	Un- com- mu- nicated.	Prevalent Diseases		Typhoid
				Cholera	Un- com- mu- nicated.	
Boston . . . . 128	13	20	7	4		
Charlestown . . . . 14	3	3	0	0		
Worcester . . . . 19	4	2	1	1		
Lowell . . . . 19	1	5	1	2		
Milford . . . . 6	1	1	0	0		
Chelsea . . . . 6	1	0	0	0		
Cambridge . . . . 13	3	1	1	0		
Salem . . . . 6	1	3	0	0		
Lawrence . . . . 13	2	4	1	0		
Springfield . . . . 10	1	0	0	1		
Lynn . . . . 14	2	2	0	0		
Gloucester . . . . 11	1	2	1	0		
Fitchburg . . . . 7	1	0	0	0		
Taunton . . . . 5	0	1	0	0		
Newburyport . . . . 9	1	0	2	0		
Somerville . . . . 5	0	1	1	1		
Fall River . . . . 12	2	2	2	0		
Haverhill . . . . 3	0	1	1	0		
	300	37	48	18		13

GEORGE DERRY, M.D.,  
Secretary of State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, Oct. 1st, 128. Males, 62; females, 66. Accident, 3—apoplexy, 1—Inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 3—cancer, 1—canker, 1—cholera infantum, 13—consumption, 20—convulsions, 5—croup, 1—cyanosis, 1—debility, 4—diarrhoea, 7—diphtheria, 2—droopy, 1—droopy of the brain, 4—bilious fever, 1—dryness, 1—dysentery of the bowels, 1—congestion of the lungs, 3—disease of the heart, 2—hernia, 1—disease of the kidneys, 1—peritonitis, 1—pleurisy, 1—premature birth, 2—malignant pustule, 1—rheumatism, 1—suicide, 2—syphilis, 1—unknown, 10—whooping cough, 1.

Under 5 years of age, 63—between 5 and 20 years, 7—between 20 and 40 years, 24—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 92—Irland, 23—other places, 13.